

11-15-04  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

or **Fax** (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

00164 7590 09/30/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**KINNEY & LANGE, P.A.**  
THE KINNEY & LANGE BUILDING  
312 SOUTH THIRD STREET  
MINNEAPOLIS, MN 55415-1002

11/16/2004 DEMMANU2 00000008 10685240

01 FC:1501 1370.00 OP  
02 FC:1504 300.00 OP

**Certificate of Mailing or Transmission**

**SENT VIA EXPRESS MAIL**

**LABEL NO.:** EV 485710185 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/685,240	10/14/2003	Leroy Braun	M33.12-0024	5742

TITLE OF INVENTION: MULTIMEDIA FEATURE FOR DIAGNOSTIC INSTRUMENTATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, ROSE MARY	2856	073-585000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kinney & Lange, P.A.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Diagnostic Group, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Eden Prairie, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

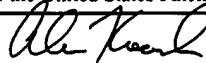
The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0982 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_



Date \_\_\_\_\_

November 12, 2004

Typed or printed name \_\_\_\_\_

ALAN KOENCK

Registration No. \_\_\_\_\_

43,724

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named	
Inventor	: Leroy Braun
Appln. No.	: 10/685,240
Filed	: October 14, 2003
Title	: MULTIMEDIA FEATURE FOR DIAGNOSTIC INSTRUMENTATION
Docket No.	: M33.12-0024
Group Art Unit:	2856
Examiner:	R. Miller

**EXPRESS MAIL COVER SHEET**

Mail Stop Issue Fee  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SENT VIA EXPRESS MAIL**  
November 12, 2004  
Express Mail No.: EV 485710185 US

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

1. Postcard;
2. Checks totaling \$1,670.00;
3. Fee Transmittal (In duplicate);
4. Part B Fee(s) Transmittal; and
5. Fee Address Indication Form.

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: 11/12/04

By Alan M. Koenck

Alan M. Koenck, Reg. No. 43,724  
THE KINNEY & LANGE BUILDING  
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Telephone: (612) 339-1863  
Fax: (612) 339-6580

 <p>NOV 12 2004 G10 U.S. PATENT &amp; TRADEMARK OFFICE</p>		Complete if Known			
		Application No.		10/685,240	
		Filing Date		October 14, 2003	
		First Named Inventor		Leroy Braun	
		Group Art Unit		2856	
		Examiner Name		Miller, Rose Mary	
Total Amount of Payment \$1,670.00		Atty. Docket Number		M33.12-0024	
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No. 11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee paid
		(\$)	(\$)		
		1051	130	2051	65
		1052	50	2052	25
		1053	130	1053	130
		1812	2,520	1812	2,520
		1251	110	2251	55
		1252	430	2252	215
		1253	980	2253	490
		1254	1,530	2254	765
		1255	2,080	2255	1,040
		1402	340	2402	170
		1403	300	2403	150
		1814	110	2814	55
		1452	110	2452	55
		1453	1,370	2453	685
		1501	1,370	2501	685
		1502	490	2502	245
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1801	790	2801	395
		Other fee (specify) <u>Publication Fee</u>			
		Subtotal (3) \$1,670.00			
		Subtotal (1) \$0- Subtotal (2) \$0-			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code 1001		Small Entity Fee Code 2001		Fee Description	
Fee (\$)		Fee (\$)			
790		395		[ ] Utility Filing Fee	
1002		2002		[ ] Design Filing Fee	
790		2004		[ ] Reissue Filing Fee	
1005		2005		[ ] Prov. Filing Fee	
Subtotal (1) \$0-					
2. EXTRA CLAIM FEES					
Number of Claims Total		Prior Art - - = - X - = -		Fee from Below	
				Fee Paid	
Indep.		- - = - X - = -			
Multiple Dependent Claims		- = -			
Insert 3 and 20, or number previously paid if greater; Reissue see below					
Large Entity Fee Code 1202		Small Entity Fee Code 2202		Description	
Fee (\$)		Fee (\$)			
18		9		Claims in excess of 20	
1201		2201		Independent claims in excess of 3	
88		44			
1203		2203		Multiple Dependent Claim	
300		150			
1204		2204		Reissue Independent Claims Over Original Patent	
88		44			
1205		2205		Reissue claims in excess of 20 and over original patent	
Subtotal (2) \$0-					

Signature Alan M. Koenck  
 Alan M. Koenck  
 Date November 12, 2004

Reg. No. 43,724  
 Deposit Account No. 11-0982